
AFFIDAVIT FOR RTAA REGARDING TRADE AFFECTED SEPARATING EMPLOYER

Worker's Name _____ *State ID* _____ *AJC Location* _____

Worker's Mailing Address _____ *City* _____ *State* _____ *Zip Code* _____ *Phone Number* _____

Employer's Name _____

Doing Business As _____

Mailing Address _____

City, State, Zip Code _____

Employer's Physical Address _____
(Street)

City, State, Zip Code _____

Employer's Phone _____
(With Area Code)

Date worker last physically was employed by the above mentioned employer _____

Number of hours physically worked during last full week _____
(30 hrs or more excluding overtime)

Rate of pay per hour during last full week _____

I, _____, understand that the law provides severe penalties for knowingly giving false information to obtain RTAA assistance for which I am not entitled. I understand that the accuracy of this affidavit is subject to correction upon receipt of wage information from the employer for whom I worked. Therefore, I solemnly swear that the information contained on this form, to the best of my knowledge and belief, is true and correct.

Worker's Signature _____ *Date* _____ *Agency Representative's Signature* _____ *Date* _____

Print Agency Representative's Name